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CLASS C REINSTATEMENT FORM

File the original with: Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
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DATE: 12.18.12

Please consider this an application for Reinstatement of my:

- ☐ Taxi Certificate Number _____
- ☒ Charter Certificate Number 2008-343-T
- ☐ Charter Bus Certificate Number _____
- ☐ Non-Emergency Certificate Number _____

My certificate was revoked/cancelled on 11.27.12 because I did not send the Annual Report
(DATE)

I am seeking reinstatement because This is only my source of income.

<u>CJ'S Elite Limousine, LLC</u> (Name of Company)	DBA _____ (If applicable)
<u>1903 Sol Legare</u> (Street Address)	_____ (Mailing Address if different from Street Address)
<u>Charleston, SC 29412</u> (City, State, Zip Code)	<u>Curtis Brown</u> (Signature)
<u>(843)478-8682</u> (Telephone Number)	<u>owner</u> (Title) Owner, President, etc.

Transportation CARRIER ANNUAL REPORT

CLASS C - TAXI - CHARTER - NON-EMERGENCY - STRETCHER VAN
OF

CJ'S Elite Limousine, LLC

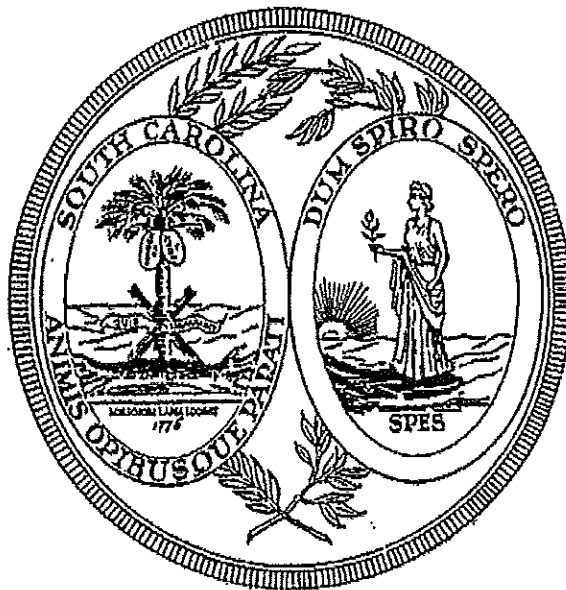
Exact Legal Name of Respondent

2008-343-T

PSC/ORS Number (leave blank)

FOR THE YEAR ENDED 20¹¹

- ☐ Calendar Year Ending December 31, 20¹¹
or
☐ Fiscal Year Ending



Company Officers

Title of Officer	Name of Person Holding Office
President	Curtis Brown
Vice-President	
Secretary	
Treasurer	
Gen. Manager or Supt.	

Contact Information (If different from above)

Contact Name:	Curtis Brown		
Title:	owner		
Street Address:	1963 Sol Legare		
City:	Charleston	State:	so
		Zip:	29412
Telephone Number:	(843) 478-8682	E-mail:	